

Indicator development programme

Equality impact assessment

IND268 Cardiovascular disease prevention: cholesterol treatment target (secondary prevention)

1. Have any potential equality issues been identified during the development process?

[Heart UK's closing the cholesterol gap report](#) (2022) notes the association between deprivation and cardiovascular disease and reports that some lifestyle factors associated with high cholesterol levels, such as smoking, are associated with levels of deprivation.

Current practice data up to December 2022 from [CVD Prevent](#) indicator CVDP007CHOL shows variation in the percentage of patients with cardiovascular disease who have a non-HDL cholesterol treated to a threshold including by sex, age and ethnicity (threshold for non-HDL is less than 2.5 mmol/litre as QOF indicator CHOL002). The data also shows variation by sex, age and ethnicity for CVD Prevent indicator CVDP009CHOL that measures the percentage of people with cardiovascular disease who are currently treated with a lipid lowering therapy.

Stakeholders highlighted that older people may be more likely to seek help for muscle aches and pains and may falsely attribute these to statins. They also noted that people in seldom heard communities and in rural populations may be disadvantaged by this indicator.

2. Have any population groups, treatments or settings been excluded from coverage by the indicator? Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

People with a diagnosis of familial hypercholesterolaemia (FH) are excluded from this indicator. Stakeholders have previously commented that people with FH will be often managed in secondary care and may require more

aggressive targets for cholesterol management. The NICE indicators programme is exploring development of indicators for improved outcomes for people with familial hypercholesterolemia, including management of cholesterol.

3. Does the indicator make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No.

4. Is there potential for the indicator to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

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